



THE COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF LABOR  
**DIVISION OF OCCUPATIONAL SAFETY**  
[www.mass.gov/dos](http://www.mass.gov/dos)

## **Application for Waiver of Minimum Wage for Certain High School Student/ Employees at Non-Profit Establishments 455 C.M.R. 2.05(1)(d)**

Pursuant to 455 C.M.R. 2.05(1)(d), the Division of Occupational Safety may issue to any establishment which has been granted non-profit status under the Internal Revenue Code a license permitting payment of not less than 80% of the basic minimum wage rate (\$7.50 per hour<sup>1</sup> x 80% = \$6.00 per hour) to minors attending secondary school who work part-time in hospital wards, school and college dining rooms and dormitories, provided a ratio of one minor to five adults working in these areas is maintained.

To apply for this annual waiver, the employer must submit this completed application form, along with a fee of one hundred dollars (\$100). The fee must be submitted in the form of a money order or check, payable to the Commonwealth of Massachusetts, in the amount of the entire annual fee. This fee is not refundable in the event that this application is denied.

Please submit the completed application form and application fee to:

Division of Occupational Safety  
Minimum Wage Program  
19 Staniford Street, 2<sup>nd</sup> Floor  
Boston, MA 02114

Your application form and fee should be submitted at least 30 days prior to the requested date of applicability.

If you have any questions regarding this application, please contact  
Lisa Price at 617-626-6952 or send email to [Lisa.Price@state.ma.us](mailto:Lisa.Price@state.ma.us)

---

<sup>1</sup>Effective January 1, 2007. The Minimum Wage will increase to \$8.00 per hour, effective January 1, 2008.



THE COMMONWEALTH OF MASSACHUSETTS  
Department of Labor  
Division of Occupational Safety  
19 Staniford Street, 2<sup>nd</sup> Floor  
Boston, MA 02114  
617-626-6952  
Fax: 617-626-6944  
DOS Homepage: [www.mass.gov/dos](http://www.mass.gov/dos)

Application for Waiver of  
Minimum Wage for Certain High  
School Student/Employees at  
Non-Profit Establishments  
455 C.M.R. 2.05(1)(d)

Please provide the following information:

1. Name of non-profit establishment: \_\_\_\_\_
2. Nature of business: \_\_\_\_\_
3. Telephone number: \_\_\_\_\_
4. Business address: \_\_\_\_\_
5. Name of contact person and title: \_\_\_\_\_
6. Provide the number of students to be employed at sub-minimum wage: \_\_\_\_\_

For each student/employee, attach a copy of the permit or certificate from the student's superintendent of schools (required for any employer hiring minors).

7. Provide the name, address, and description of the location(s) where the student(s) will work:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Provide the ratio of minors to adults working at the location(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Provide the proposed hourly wage to be paid to the student employee(s): \_\_\_\_\_
10. List all deductions from wages (items and amounts), other than those required by law:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Provide the proposed hours of work: \_\_\_\_\_
12. Attach verification of non-profit status from the Internal Revenue Service (e.g., a copy of the tax-exempt status letter from the IRS)
13. a. Is this the institution's first application? Yes / No
- b. If this is not the first application, when was the last application made? \_\_\_\_\_
- c. If a previous application was approved, when was the waiver in effect? \_\_\_\_\_

**Please note: If the waiver application is approved, the Division of Occupational Safety may attach conditions to the granting of the waiver if deemed necessary.**

**Signature of Applicant:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Office Use Only**

CMS # \_\_\_\_\_

Check # \_\_\_\_\_

Date Received \_\_\_\_\_

New Application / Renewal  
Expiration Date \_\_\_\_\_

Granted / Denied Date \_\_\_\_\_